

LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

EDITED BY

RICHARD O. COWLING, A. M., M. D.

PROFESSOR OF SURGICAL PATHOLOGY AND OPERATIVE SURGERY IN THE UNIVERSITY OF LOUISVILLE

AND

WILLIAM H. GALT, M. D.

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LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. IV.

LOUISVILLE, JULY 28, 1877.

No. 4.

"NEW LIGHT IN THERAPEUTICS."

These are not the words of a sciolist in medical science, but of a matured, practical physician. Dr. S. Weir Mitchell used them in an oration which he delivered a little while ago before the Medical and Chirurgical Faculty of Maryland, an address of rare excellence, by the way, full of thought, abounding in facts, and written in a style at once nervous, vivid, sparkling, and sprightly. His subject is therapeutics, in the reality of which he avows a strong belief. The old extremes in the use of drugs may possibly have been worse, he conceives, than "the utter scepticism which thinks nothing of value, and which makes men proud to say that they never give calomel or never use the lancet." It is possible, though we much doubt the fact, for what could be more deplorable than such incredulity? But admitting that medicines have been used without discretion and to excess, there surely is a place "for that instructed confidence which has the intellectual courage to deprive itself of no resources, and to feel willing to treat one case with bread pills and to bleed another to faintness." This is the line of argument presented by Dr. Mitchell; and in illustration of its truth he relates the case of a poor fellow with psoriasis inveterata, which had resisted all methods of cure until the man was almost ready to commit suicide, and at last yielded to copious, repeated bleedings when the patient was so weak that he could hardly turn over in bed.

But what is the "new light" in therapeutics to which Dr. Mitchell refers? It is this: absolute rest, with massage, or systematic

kneading, and inductive currents. Not in all cases of disease, of course, nor in most; but in such as this, which he relates, of a woman pallid, feeble, who had menstruated irregularly, and then stopped at the age of thirty, the type of a class. Every thing worried her—to walk, to read, to drive, to sew. She was the woman with a back, and a shawl on her shoulders, and a sofa for a home, and hysterics for a diversion. She had tired out the doctors, and exhausted drug shops, and spas, and travel, and outlived a nurse or two. The deformity man had found a spinal curvature and put on a brace; the gynecologist had had his turn; the quacks had had their share; and she wore blue glasses to keep out the blessing of daylight. She weighed ninety-four pounds, and had as much figure as a hat-rack, and no more bosom than the average chicken of a boarding-house table. Nature had wisely prohibited this being from increasing her breed. How many of you have stood helpless before this woman?"

Because every thing else tired her, the doctor put her at rest in bed, and made rest absolute, not permitting her even to feed herself. She was fed with milk at brief intervals; but diarrhea came on, with nausea, and loathing of food. Then said Dr. M., "I must find some way to give exercise without exertion;" and so he resorted to kneading and electricity; he "used thorough massage, and the abrupt muscle-stirring of an inductive current" as his patient rested in bed. When under the operation it was found that her temperature rose half a degree to a degree and a half F. Her appetite and digestion returned. Her nails became pink, and the veins in her limbs began to show. She

recovered. She "came to me," says Dr. M., "thin, sallow, ugly, and feeble. I sent her home fat and well and vigorous and handsome, and menstruating steadily; and then nature relented and gave her a baby."

And this treatment, he may well add, "has been to him new light." He has used it often with like happy results, and thinks that he has "learned at last how to re-create the blood and how to fatten." He has applied it with encouraging success in the early stage of pulmonary phthisis, and in cases of amenorrhea; supplementing it, after a few days, by raw soup, butter, malt extracts, and iron in large doses.

The diseased condition to which this treatment is applicable is one met with by practitioners every day, and we may expect soon to hear from many quarters how it has turned out in other hands. Will not our correspondents let us have early reports from them as to its efficacy? We will not believe that, like so many new remedies, its virtues exist only in the imagination of its inventor, and that after its brief day it is to drop into "the populous limbo of therapeutic vanities." It certainly strikes us as being in the line of truth, and we have great hope that it will prove to be a true addition to our therapeutics.

WHAT IS A BRACE-GAME?

The American Medical Bi-Weekly takes it amiss that we inquired after the present condition of the Kentucky School of Medicine. Surely we have had reason to fear that this singular institution was not all that it should be. It looked very strange to us that when the men who represented the Kentucky-Louisville School in the College Convention at Chicago signed for the Louisville branch of that concern they did not sign for the Kentucky branch. However, they say they will affiliate and stick up to the Convention laws. When we saw these assurances published we hastened to withdraw our remarks concerning the Kentucky School; not in time, however, to pre-

vent some very pointed remarks from the editor of the American Medical Bi-Weekly at our expense. We are in the hire of the University—its acknowledged organ; we are poor grammarians, and better than any members of the profession in Louisville we know the meaning of the term, a brace-game. Of course the Medical Bi-Weekly is wholly sinless in such matters. No one would suspect for a moment that it was in with the Kentucky-Louisville School, or that any of its funds ever sullied its editorial hands. Nor will we dispute with it in matters of grammar; we are afraid it is too old to learn. But the American Medical Bi-Weekly distinctly asks us for information upon another point, and it would be unmannerly in us not to give it. It says:

"As no one in the Louisville Medical College has any experience in running (whatever that elegant and grammatical expression may signify) a Young Men's Christian Association, and still less in the mysteries of 'a brace-game of faro' (whatever that may be), the questions propounded are respectfully referred back for answer to their worthy and honorable author, as he alone of all the physicians in this city or section has had ample experience in fields which, to gentlemen, are so antagonistic in scope, object, and character."

Whatever may be the distinct origin of the term "brace-game" we can not say. It is, however, the term used to designate a game that is not strictly fair, as any reader of the newspapers of the day must have discovered. To get at its meaning we had best, perhaps, illustrate with example as to what it is not as well as to what it is. When a professor of the practice of medicine, etc., in half a dozen medical schools writes in a prize essay that scarlatina and scarlet fever are for the most part identical, that is not a brace-game; and when a great scientist, in discussing the Mosaic record, speaks of things growing like Dickens's Topsy, that is not a brace-game; and when a great controversialist, wishing to strike an adversary a fearful blow, tells him that Thackeray said to his son, above all things to be a gentleman (when all the world knows Thackeray had no son), that is not a brace-game. These

are simple examples of carelessness or ignorance. But when a gentleman aspiring to literary standing forgets that people read Sydney Smith, or when the president of an insurance company—We have n't the heart to drive a man to the wall.

Will parties interested please let us know if the definition of a brace-game is really wanted?

THE EMPTINESS OF MEDICAL HONOR.

The lectureship of *materia medica* in the Louisville Medical College, which was made void by the resignation of Prof. Ochterlony, has been filled by Dr. Null.

(The above exquisite piece of wit, which the intelligent reader will discover at a glance is equal to any of the best efforts of Prentice, is published with some trepidation. We have prepared ourselves to be stigmatized as insulters of the living and defamers of the dead; as being the hired bravos of the University, gorging the Louisville & Portland Canal with our victims; but we pray Heaven that we may not be struck with more than seven adjectives for our temerity.)

Original.

CASE OF HEMORRHAGE FROM THE MUCOUS MEMBRANE OF THE LARYNX.

BY M. F. COOMES, M. D.,

Demonstrator of Anatomy and Clinical Lecturer on Diseases of the Throat, Nose, and Ear in the Hospital College of Medicine, and Junior Surgeon to Louisville Eye and Ear Infirmary.

Robert Porter, aged twenty-three years, was sent to me on the 13th of last April, by my friend Dr. F. C. Wilson, with the request to examine his throat. The patient's chest had been thoroughly examined by Dr. W., and the lungs found in a perfectly normal condition. The patient was apparently in perfect health, with the exception of the expectoration of blood and the hoarseness which accompanied it.

Patient stated that he could tell when he was going to expectorate blood by the feeling of warmth and nausea in the region of the larynx which preceded each attack. The hemorrhage was not profuse; small coagula were sometimes present, varying in size from a pin's head to a rice-grain. Frequently the saliva was only tinged with blood. The nose was thoroughly examined. There was no breach in the mucous membrane any where. The patient stated that there had been no hemorrhage from the nose during the attack. The membrane was somewhat tumefied and congested. A probe was passed over the surface covering the septum, inferior and middle turbinated bones, with considerable force, to see if there was any tendency to hemorrhage, but found none whatever. The buccal cavity was perfectly sound, and no tendency to hemorrhage from the gums. The larynx was next examined; and the membrane covering the epiglottis, false cords, and adjacent structures was somewhat congested and much relaxed. There was no abrasion or open surface to be seen. The examination was prolonged with the hope of seeing some point from which the hemorrhage might proceed, but failed to find any at that sitting.

The throat was sprayed with a solution of the persulphate of iron (Monsell's solution), fifteen minims to the ounce of water. No other agent was used in any way. He was ordered to go home and remain quiet until next morning; which he did, and had no hemorrhage till the morning of the 14th at eight A.M., when it returned, the quantity and quality of blood being the same.

The larynx was examined again, and the structures found in much the same condition, with the exception that the relaxation was not so great. It was determined to allow the mirror to remain in position as long as possible without becoming misty. After it had been in position for some little time, the mucous membrane on the right side, just above the false cord, commenced to change its color from that of a moderately congested mucous membrane to somewhat

of a brick-dust color. This continued to increase in redness until there was no doubt about the change being due to hemorrhage. At this juncture the patient removed the spatula from off his tongue, coughed, and expectorated a mouthful of bloody saliva, which was free from coagula. The patient remarked that he "felt the blood coming, but held in as long as possible to give me a chance to see."

The diagnosis being made, he was ordered half a drachm of fluid extract of ergot every two hours until half an ounce was taken. This was at eleven A. M. on the 14th. His throat was sprayed with the same solution as on the previous day. He was seen on the morning of the 15th at eleven o'clock A. M. There had been but little hemorrhage since his last visit, and the cough was much less annoying than upon the previous day. His throat was again examined, and found to be in a much better condition than at the last sitting. The ergot was continued in the same doses as before, but the intervals between doses were three instead of two hours. He was seen in the afternoon of the 18th, and stated that there had been but little hemorrhage since the last visit, and none since the morning of the 17th. He was not heard from until the 21st, when he stated that at five A. M. on that day he commenced spitting blood, but had not expectorated any since the 18th till that time. The amount was very small, but there was slight oozing of blood from the membrane covering the middle and inferior turbinated bones. He was ordered extract of ergot in half-drachm doses every two hours, with the instruction to continue for two days, and report if the hemorrhage did not disappear. He returned stating that his throat was well, with the exception of hoarseness.

LOUISVILLE.

THE TONER LIBRARY.—Dr. Jos. M. Toner, of Washington, proposes to give his library, comprising 18,000 titles, to St. Louis, upon condition that a suitable fire-proof building be provided in which to place it.

Correspondence.

PERUVIAN BARK AND ITS SALTS.

To the Editors of the Louisville Medical News:

In my former article I think that I demonstrated that the State Medical Society were at "sea in a bowl" in attempting to render service to the people by advocating the "Morrison bill" for the admission of quinine free of duty. The evil of which the people complain could not be affected by the passage of the "Morrison bill," because the duty is not prohibitive; and, as I said in my former article, quinine was cheaper, at the time of the action of the State Medical Society, in Philadelphia than in London and Paris.

If the gentlemen of the State Society could regulate the periodical revolutions of Columbia, and maintain a regular, steady set of arrangements for gathering and shipping bark to Europe and America, there might be some hope for the people. While France and the United States are dependent upon Columbia, when revolutions burst out in that country we must expect a fitful, feverish state of things in the quinine trade. If Paris puts up the price of the article, up it must go elsewhere. We might suppose that, as England does not depend on Columbia for the cinchona barks, but gets them from her plantings in India, through the Suez Canal, she would not be affected in her markets. But experience shows the reverse of this. If the Paris manufacturers advance the price of the salts of Peruvian bark, Messrs. Howard & Son, the great English manufacturers of these salts, make an advance too.

In India there are now 2,765,000 trees of the red-bark varieties of cinchona growing. They occupy 3,000 acres of land. The red bark is not as rich in quinine as the yellow bark, but it yields more alkaloids than the yellow, and they are more easily extracted. In some respects these alkaloids are fully equal to the quinine; in others they are

said not to be equal; but these are fortunately rare cases.

In 1863 the Madras government ordered an investigation and a report on this subject. The result was that 2,472 cases were treated with these alkaloids, 836 with quinine, 664 with quinidine, 569 with cinchonine, and 403 with cinchonidine. The ratio of failures to the 1,000 cases was 6 for quinidine, 7 for quinine, 10 for cinchonidine, and 23 for cinchonine.

I have not used the quinine in my practice for years. I have occasionally used Howard's quinidia, made in London, and a great deal of that manufactured by Powers & Weightman, of Philadelphia. I have also used large quantities of the alkaloid called the sulphate of cinchonidia, made by Powers & Weightman, and with invariable success. In my experience of the uses of these alkaloids I have had no occasion to go back to quinine. These salts are cheaper than the quinine, and have merits that I never found in it. I speak as a medical practitioner. Some of the surgeons think that in their department of practice the quinine is superior to all the other salts of Peruvian bark. Why this is the case in surgery I do not pretend to conjecture; but it should be looked upon with doubt, since no one can give any good reason why an article shall invariably succeed medically, and fail only in surgical typhoidal cases.

Since writing my former letter to the News I have seen the following article, which appeared in the Pharmaceutical Journal, April 28th. It states facts that should be well weighed by medical practitioners in the United States. The Journal says: "The bark sale held [in London] last Tuesday was remarkable for the large quantity of East-Indian bark put up, and still more for the high prices it commanded. Even the *red bark*, which is the product of *Cinchonia Succirubra*, and is generally characterized by containing a very large proportion of cinchonidine, together with a comparatively small amount of quinine, was sold at prices as high as those which were paid some

months ago for bark suitable for the manufacture of quinine. Some of the crown bark from the plantations in the Madras Presidency realized from twelve to fifteen shillings a pound, in consequence of the large amount of quinine that it contains, *and the great demand that there is now for bark.*" These italics are mine.

"The prices given for these parcels of bark were not in all instances proportionate to the amount of quinine contained in them. This may be partly due to the circumstance that particular lots were bought for making pharmaceutical preparations, more on account of the appearance of the bark than any better reason; since it often happens that bark of good external character fetches a price altogether out of proportion to the amount of alkaloid it contains. The contrary is also true sometimes; and at the last sale some bark containing a high percentage of quinine was not bid for to the extent of its relative value, but was bought in at a merely nominal price. It is at the same time deserving of notice that several parcels of bark containing chiefly cinchonidine realized a very high price.

"The fact that such unusual prices have been paid for bark seems to indicate that there is little prospect of a reduction in the price of quinine, which is now upwards of three times the price it was some six or eight months ago, and consequently the present seems a favorable opportunity for some effort to be made to introduce into legitimate use cinchonidine and the other alkaloids associated with quinine.

"The results that have been obtained by the medical commissioners intrusted with the inquiry into the relative febrifuge value of these alkaloids have sufficiently shown that they are not much inferior to quinine in their efficacy, but as yet little has been done in this country towards the practical application of the experience gained by the trial made in India. None of these alkaloids are officinal in any of the existing pharmacopœias, although the much less satisfactory preparation called quinoidine, or amorphous

quinine, is contained in the German Pharmacopœia; and although salts of cinchonidine are abundantly manufactured in a state of purity and of a crystalline character equal to the best qualities of quinine salts, there is not any recognized use to which these preparations are applied in this country.

"It would, therefore, seem that by the introduction of cinchonidine into use a very considerable service might be rendered, and the influence of the high price of quinine in restricting its use might be to a very great extent made up for with great advantage to certain classes of the community."

The hints in the closing paragraph are the means that I advocated, in my letter of July 21st, for keeping clear of the high price of quinine. I have resorted to this method for years without a single failure. No persons have been more active in encouraging the use of the cheap alkaloid, the sulphate of cinchonidia, than Powers & Weightman. To their zealous and continued efforts in this direction is due the large use of sulphate of quinidia and sulphate of cinchonidia. For the past two years I have treated my patients, that required the salts of Peruvian bark, with the sulphate of cinchonidia, in the same doses that I formerly gave in using the sulphate of quinine, and with the same success.

I think that it is plain that we need not expect any great results in reducing the price of quinine from the enactment of the "Morrison bill." It is clear that there is as much complaint in London and Paris about the price of quinine as in this country. Mr. Morrison's bill can not relieve Columbia of its chronic revolutions. While they go on the price of Peruvian bark will be high, no matter where it may be raised. There are large supplies growing in Java and in the East Indies, but the moment that Columbia begins a revolution the barks of the East Indies and of Java go up.

There is one other point that conclusively shows that we should use our own manufactured alkaloids of Peruvian bark. I allude to the constant liability of the foreign article

to be adulterated. As a general rule we are tolerably secure when we obtain our supplies from Howard, of London; that is, when we get them in packages unbroken until they reach Louisville. In France Dr. B. P. Jaillard found a sulphate of quinine which contained seventy per cent of potassium nitrate. Dr. Jaillard says "the adulterated article had the appearance of the pure salt." Dr. Miller, at the Pharmaceutical Meeting, January 19, 1877, said: "My information is to the effect that a year or two ago, in one of our Western cities, the labels of American manufacturers were deliberately soaked off, after which an admixture of salicine was introduced. The label was then replaced and the article disposed of." I can not see how this operation was facilitated in any way by soaking off the labels. Dr. Miller adds: "Another somewhat more enterprising dealer in the same city had muriate of cinchonia manufactured on his own premises, and used this to adulterate sulphate of quinine to a large extent." He put this up in tin cans, which did not bear the name of any manufacturer.

Messrs. Howard & Son, of London, report a letter received by them from a foreign merchant, who, though he had a high opinion of their quinine, found it too good for his market. He promised them large orders if they would put up expressly for him half-ounce phials containing sixty-five per cent of quinine and thirty-five per cent of magnesia, so that he might compete with a French product containing, he said, twenty-five per cent of magnesia."

These are perils which constantly hang over our heads in the use of French and German products from Peruvian bark. My security for years has been in using no other of these alkaloids than those made by Powers & Weightman. I should feel as secure in using those made by Howard & Son, provided they were not tampered with after leaving their hands. There are no others that I have found equal to the alkaloids of Peruvian bark made by Powers & Weightman.

No one can understand the facts of this

subject and imagine that the "Morrison bill," backed though it is by the action of the State Medical Society, can have the least possible influence on the price of quinine. The evils are not in the duty upon quinine, but are entirely independent of that duty. Our remedy, and it is manifestly equal to the occasion, is in the use of the cheap sulphate of cinchonine. As I have already said, in all the years that I have used that made by Powers & Weightman I have found it fully the equal of quinine, and in some notable respects far superior to it. In the Kentucky Institution for the Education of the Blind, in which large quantities of the alkaloids of Peruvian bark are used annually, we have found nothing superior to this. Its price is about or less than one fourth that of quinine. Let our blows be in the right direction, and our success is certain. Unless Mr. Morrison shall make an amendment to his "bill" providing for the immediate annexation of the states of Columbia to the United States of America, his "bill" will have no more effect on the price of quinine than in regulating some of Mr. Tice's cyclones.

THEODORE S. BELL.

DISLOCATION OF THE SHOULDER IN A BOY FIVE YEARS OLD.

Gross says he has never seen a case of dislocation of the shoulder before the age of twelve. For this reason I was slow to diagnose this case as dislocation; and, notwithstanding the prominent symptoms in the beginning, I was loth to think it a displacement. The next evening a more thorough examination of the little patient proved it beyond a doubt to be a dislocation of the head of the humerus into the axilla, or the subcorocoid dislocation.

The signs to make this diagnosis were abundant: projection of the acromion; fullness of the axilla; separation of the elbow from the body, and inability to approximate it; drooping of the shoulder; and, above all, measurement around the axilla and acromion process proved three fourths

of an inch greater in the wounded than in the well arm. I reduced it by the ordinary method, with the foot in the axilla, and by slight extension and rotation felt it jump into its place. I then bandaged the arm to the side, with a pad in the axilla and the forearm in a sling.

I made this reduction three days ago, and the boy is now convalescing nicely. There is nothing in this case out of the regular order, except the age of the patient; and this is my only apology for the communication.

A. G. HOBBS.

ARTHUR, PIKE COUNTY, IND.

To the Editors of the Louisville Medical News:

There is one subject connected with medicine that I would like to see treated on in your journal. If a number of the profession will give their views on the subject, it will be of great benefit to me, and also to a great number of the profession.

"The intolerance of medicine in various diseases." In this malarious region I frequently see patients that are unable to keep any kind of medicine "*on the stomach*."

Some patients can not retain quinia. Now what I wish to know is, what is one to do when they do not wish to use the hypodermic syringe?

If you will invite a few communications on this subject the kindness will be fully appreciated.

J. W. K.

WHITE STATION, TENN., July 23, 1877.

Formulary.

VAGINAL GELATINE SUPPOSITORIES

of potassium iodide, zinc sulphate, alum, copper sulphate, morphia salts, salicylic acid, etc., have been recommended as being much superior to those made with cacao butter, because the remedial agents are contained in them in the state of solution instead of mere mechanical division. Tannic acid and ferric preparations, as liquor ferri chloridi, Monsel's solution, etc., should not be combined with gelatine, as the result would be the formation of difficultly soluble compounds.—*New Remedies*.

FOR CHOLERA INFANTUM.

R Leptandrin	6 grs.
Quinia sulphate	3 "
Camphor	1½ "
Ipecac	¾ "

Mix and divide into twelve powders, of which one may be given every two or three hours, to be continued, if necessary, for several days.—*Ibid.*

TONIC IN ANÆMIA.

R Tinct. ferri chloridi	fl.ʒ iij;
Potassi chloratis	ʒj;
Solut. strychnia sulph. (gr. j, ad fl.ʒ j)	fl.ʒ ij;
Syrupi simplicis	fl.ʒ iv;
Aquæ pura, q. s. ad	fl.ʒ iv.

M. Sig. Two teaspoonfuls three times daily as a tonic in anæmia.—*Dr. D. S. Brainard, Ibid.*

Miscellany.

MATERNAL IMPRESSIONS UPON FETUS IN UTERO.—A correspondent in the British Medical Journal writes: "I have seen a case of harelip ascribed by the mother to her having noticed a mason's upper lip accidentally split by a stone; but my attention was more particularly drawn to the subject three months ago, when, being called to see a child three years old supposed to be ill with fever, I turned down the bed-clothes to examine the skin, and observed a peculiar mark on the side of the child's left hip. The mark, which was slightly raised above the surrounding skin, was fully two inches long and one inch and a half broad at the center, tapering toward both extremities, and resembled in appearance and color a snail; viz., dark on the back, and becoming lighter in color toward the edges of the mark. On inquiry of the mother, she explained that when she was three months pregnant with this child she had, after carrying her husband's dinner to the field, sat down upon the grass. On her rising to go away her husband called her attention to a crushed snail sticking to her dress. 'A quiver went through me,' she said to me; 'but after a week I thought nothing about it until the birth took place.' The mark on the child

is a fac-simile of the crushed snail, even to its 'horns.' The mother has three other children without any peculiarity. I offer no explanation of the localization or fixation of black pigment which goes to make up this 'snail,' but simply record the fact. When the child once had measles, the mark shared in the desquamation of the scarf-skin."

MENTAL THERAPEUTICS.—At a late meeting of the American Neurological Association Dr. Beard read a paper upon Mental Therapeutics in Organic Disease as illustrated during the Blue-glass Delusion. Dr. Beard cited two cases of organic disease of the spine which had received decided temporary relief while sitting under blue glass. The opinion was expressed that in time all works on therapeutics must include a chapter upon mental therapeutics. From experiments and study Dr. Beard was able to make the following psychological suggestions:

1. The ill success of patients treating themselves, and of physicians treating their own families, was partly due to the want of awe and the emotion of wonder to co-operate with them.

2. The old custom of keeping patients ignorant of the contents of prescriptions, by writing them in Latin, had psychology on its side. Possibly we may be going too far the other way.

3. It is entirely possible that hydrophobia and tetanus may be brought on, with all their distinctive symptoms, and that death may result through the emotions of fear and expectation alone.

4. Patients whose will and intellect are feeble have a bad prognosis, for with them the subjective symptoms are trifling; and *vice versa*.

5. Physicians of great scientific attainment and real worth may fail when an ignorant and obscure charlatan succeeds, because in the latter wonder and awe are excited, and these are more powerful therapeutically than simple respect.

6. In experimenting in hospitals with new medicines patients must be deceived, or else the results are complicated by mental influence.

Dr. Beard expressed a belief that those who would repeat his experiments would confirm his results and conclusions.

MIGHTY LONDON.—London, the greatest city the world ever saw, covers, within a fifteen mile radius of Charing Cross, nearly 700 square miles. It numbers more than 4,000,000 inhabitants. It comprises 100,000 foreigners from every quarter of the globe. It contains more Roman Catholics than Rome itself; more Jews than the whole of Palestine; more Irish than Dublin; more Scotchmen than Edinburgh; more Welshmen than Cardiff. It has a birth in it every five minutes, and a death in it every eight minutes; has seven accidents every day in its 7,000 miles of streets; has 123 persons every day, and 45,000 annually, added to its population; has 117,000 habitual criminals on its police register; has 23,000 prostitutes; has as many public-houses as would, if placed side by side, stretch from Charing Cross to Portsmouth; has 38,000 drunkards annually brought before its magistrates; has as many paupers as would more than fill every house in Brighton; has sixty miles of open shops every Sunday; and has an influence on the world represented by the yearly delivery in its postal districts of 238,000,000 letters.—*Press and Circular*.

THE following is a literal copy (names only being omitted) of a note recently received by a prominent Boston surgeon from a town in New England:

“May 22 the 1877

“Dear Sir I have in my hands A Receipt for Curin Cancers without the uce of the Nife or Plaster which i want to Sell to some of you Surgeons for the Poor human Rase that sufer Pane by Plasters and the nife and this Soothes the pane this is no humbug Nor am i a imposter Nor a Scoundral and if you want A Recermendation of my Cari-

ture you Can have it this has Cured Cancers on a lady Brest after all Doctors had given her up And it was as Big as a pint Bole it took all the Pane out And took the Cancir of and i think it Cant Be Beat i Can almost Chaling the world to Beat it thare is no Pane nor Suferin A Bout it I do this Because i think you Aught to have it And if you want it you write to me at once i have the Receipt and the Proof of what it has don for those that have Ben Cured by its use
Yours Truley.

“It is a 15,000 dollar Receipt.”

—*Boston Medical Journal*.

PROFESSIONAL ZEAL.—In Lord William Lennox's “Celebrities I have Met” the following anecdote occurs: While Mrs. Butler was playing Juliet at Philadelphia, and just when she had exclaimed—

“What's here? a cup, clos'd in my true love's hand?
Poison, I say, hath been his timeless end,”

a tall, lean, gaunt, sandy-haired medical student in the stage-box, deeply absorbed in the scene, thrust down his hat on his head with a convulsive effort, crying out in a voice of thunder at the same time, “Keep him up, Juliet; I'll run and fetch the stomach-pump.”

Selections.

Treatment of Scabies with the Fixed Oil of Stavesacre.—Balmanno Squire, M. B., Surgeon to the British Hospital for Diseases of the Skin, writes to the British Medical Journal:

“I have endeavored in the pages of this journal to add to the number of such ascertained chief therapeutical constituents in the instance of chrysophanic acid as the active therapeutical principle of Goa powder. I now desire to make another addition in the case of the fixed oil of stavesacre. In the prosecution of an investigation as to the pathology of prurigo senilis, the details of which were published in this journal some years since, I had occasion to employ an ointment of stavesacre-seeds as a means of therapeutically testing the accuracy of my conclusions as to the pathology of that disease. This remedy, as is well known, is a parasiticide, in the sense that it is fatal to all of those animal parasites, properly

so called, with which the human skin is wont to be infested in this country; that is to say, the *pediculus capitis*, the *pediculus corporis*, the *pediculus pubis*, and the *acarus scabiei*. However, I have found that an ointment of stavesacre-seeds is a very coarse and unsightly preparation. On inquiring of those wholesale firms who undertake the business of 'drug-grinding' for the general body of pharmacists, I ascertained that it was impossible to grind the seeds to any finer condition than that of a coarse meal, on account of their excessively oily nature. It then occurred to me that I could obtain a much more finely pulverized condition of the seeds by first removing their oil from them. This, for the purposes of my experiment, was accomplished by percolating the bruised seeds with ether, a process which completely abstracted the oil. The seeds could then, as I found, be readily ground to a very fine powder, and a very smooth and excellent looking ointment was thus obtained; but, upon making trial of it, I found that my ointment thus prepared had lost all its virtue as a parasiticide. It therefore became probable that the virtue of stavesacre-seeds was contained in their fixed oil. On making trial of ointment made with this oil, I found that such indeed was the case. Now this oil may be obtained much more cheaply than by the method I employed; namely, by simply expressing it from the seeds in the same manner that linseed oil is commonly obtained from linseed. The fixed oil of stavesacre is quite colorless. It is also odorless, and so is a very unexceptionable remedy. Ointment of stavesacre-seeds has been obtained by digesting the bruised seeds in hot lard, and then straining the admixture; but this produces a strongly colored brown ointment, whereas an ointment prepared with the fixed oil is perfectly colorless. The absence of smell and color in an ointment so prepared gives it considerable advantages over sulphur ointment in the treatment of scabies, if only its efficacy be the same; and I find it to be quite equally efficacious; but it possesses also another considerable advantage. It is well known that in the treatment of scabies by sulphur it is necessary to beware of the remedy as much as of the disease. The strongly stimulating action of sulphur ointment sets up in many persons a persistent dermatitis of a very irritating kind, which is remarkably slow to subside, and which constitutes a condition rendering it very difficult for many practitioners to determine how far the persistent itching is due to the natural disease and how much to the artificial one. Now an ointment of the fixed oil of stavesacre, besides being colorless and odorless, is also non-irritant. By this I do not mean that it will not serve as an irritant to exceptionally sensitive skins, but that its irritating effects are vastly less in degree than those of sulphur ointment, and that in the majority of cases it does

not irritate in the least. I will adduce a case in illustration of my views.

"A man, aged twenty-one, recently admitted as an in-patient of the British Hospital for Diseases of the Skin, under my care, had been sent up by Dr. Moger, of Carshalton, affected with a copious pustular eruption of his hands and upper limbs. His hands, forearms, and arms were so brawny and swollen with their inflamed condition that he could scarcely bend them, and was unable to take off his coat unassisted. He complained only of his hands and arms, and at first said that there was nothing else the matter with him; but, on stripping him, slight scratch marks were visible on different parts of the trunk and lower limbs, but no other notable kind of eruption; and on questioning him he confessed to a general itchiness of a moderate kind. On close examination of his hands several of the characteristic furrows of the *acarus* were discernible, and from one of these an *acarus* was extracted on the point of a pin, and placed under the microscope. He had been affected with his complaint for about six weeks. He was ordered to rub in over the whole of his skin excepting his scalp and face, an ointment containing one drachm of the fixed oil of stavesacre to an ounce of lard. This he continued to do every morning and evening for nine days. He was then dismissed completely cured. No other treatment of any kind was employed. On the third day of his treatment he began to lose his itching. On the fourth day of treatment there was no more itching. At the time of his dismissal the pustular eruption and the swelling and inflammation of his hands and upper limbs had completely subsided, so that he could use his hands freely and with ease. Nothing more remained of the original condition beyond comparatively faint and slightly livid red stains, the traces of the considerable eruption which had recently existed.

"The frequent and thorough applications of the ointment had throughout occasioned him no irritation or smarting in even the least degree, and on no part of the skin could any trace be perceived of any irritant action of the ointment."

Treatment of Lupus.—Unfortunately we possess no medicinal agents capable of exerting a specific or elective action on the lupous process. There is no question, however, but that mercury, iodine, iodide of potassium, and cod-liver oil exert a beneficial influence. They are both notable resolvents and powerful antistrumics. Phosphorus is another energetic agent capable of influencing the disease. It is, however, a two-edged sword, and one that is to be handled with great circumspection. The principal physiological or rather pathogenetic action of phosphorus is the production of fatty degeneration. As morbid growth possess less vitality than normal

tissues, it is possible that the phosphorus induces fatty degeneration of the lupus cells, thus favoring absorption when given in doses that are insufficient to produce a like result in healthy organs. If this explanation is correct, and it is the one which seems to me most plausible, it is manifestly proper to avail ourselves of the advantages that it presents, at the same time bearing in mind the possibility that, while we are curing the lupus, we may also be killing the patient. We have seen brilliant cures (?) of cutaneous affections accomplished with large doses of mercury, iodide of potassium, and arsenic, but at the expense of the future health of the patient; and there are indications that phosphorus is at the present time being used to excess. While, then, we acknowledge the power of phosphorus, we can not unreservedly recommend its use.

The above mentioned comprise the internal remedies most useful in lupus, but we can not depend upon them alone, as they will, if unaided, rarely if ever effect a cure. Our main reliance is upon external treatment.

The various methods at present in vogue fall into three categories. The effort is made either to produce absorption of the lupous cells, to remove them mechanically, or to destroy them *in situ*. The first of these methods is the oldest, and is the one that has been most frequently practiced. Absorption of the infiltration, when limited, may sometimes be procured by strong alkaline applications, *e. g.* *sapo viridis*, *liq. potassæ*, or stronger solutions of caustic potash, or by acids, such as the glacial acetic and mono-chloroacetic acids. The biniodide of mercury in ointment is also employed for the same purpose. As the details for the employment of these agents are given in the text-books, their special consideration at this time is unnecessary. This method, whatever agent is employed, is tedious, painful, and uncertain.

The mechanical removal of the cells is a plan that has recently come in vogue. It is effected by means of a small sharp-edged spoon (spoon exhibited), with which the infiltration is scraped out. The morbid tissue yields to the scraper more readily than the healthy, and a very considerable portion of the infiltration can be thus removed mechanically. If all of it—that is, every cell—could be thus scraped out, this method would be a simple and a good one. Unfortunately, however, this can rarely be accomplished, and in the great majority of instances relapse occurs. The result is somewhat better if, after the scraping, pure chloride of zinc is applied to the denuded surface; but, even after this, relapse is not infrequent. The only mechanical means that can be relied on is complete excision, and, if any doubt exists as to the thoroughness of the operation, the chloride of zinc should also be applied to the wound. Excision, when practicable, is certainly the most reliable and in every

way best method of treatment. In the majority of cases, however, it is not practicable, and consequently other means must be employed.

The destruction of the cells *in situ* may be accomplished in several ways. First, by boring into the diseased tissues with the solid nitrate of silver in pencil-form or fused upon a probe; second, by arsenical pastes; third, by the actual cautery. The first is well adapted to lesions of limited extent, and is often successful. The arsenical treatment is likewise efficient, and if properly performed it is perfectly safe, but is exceedingly painful. It is only adapted to small patches, or, if the patch is large, to successive portions. The arsenical and nitrate of silver methods have been often described, and are, or should be, well known. In the actual cautery we also possess an efficient agent. If the lesion is very superficial a thorough cauterization at a *white* heat will be sufficient to effect a cure, and will leave a very good scar. If the lesion is somewhat deeper, a less degree of heat, say a red heat, will penetrate more deeply, and destroy the lesion, but the ulcer left by the fall of the slough will be slower in healing, and the cicatrix will be more retractile—a very important consideration when the disease is situated upon the face. That this method will not always succeed is evident from the case of F. W., to whose face three applications of the white-hot cautery were made during a period of two months. A portion of the lesion has been destroyed, but the lower part of it still exists. This is well shown in the photographs.

Of all the methods mentioned, it might be expected that we would find at least one that could be generally relied upon. This, however, is not the case, and if we remember that a permanent cure can only be expected by getting rid of every lupous cell, and that we must accomplish this without inflicting too great injury upon the adjacent healthy parts, we can readily understand the difficulties to be encountered.

A somewhat varied experience has finally led me to a method, or rather combination of methods, that can, I think, be relied upon in almost every case. The plan that I would recommend is to *thoroughly scrape out as much of the lesion as possible, and then to cauterize the floor and edges of the wound with the actual cautery at a white heat.*—Henry G. Piffard, in *New York Medical Record*.

Irrigation in Chronic Cystitis.—Dr. Jackson, in *Boston Medical and Surgical Journal*, reports two cases of chronic cystitis successfully treated by constant irrigation. The means used were a vessel containing water, a double catheter, and india-rubber tubing sufficient to convey the water to and from the bladder. The flow was regulated by a stop-cock attached to the reservoir. The position of the vessel should be such as not to cause pain by excessive

pressure, but it is necessary that the bladder should be fully distended at times, in order that the whole surface may be thoroughly cleansed. About a barrel of water is needed in twenty-four hours. Of the first case, he says that the usual method of intermittent irrigation was adopted, and continued about two months, without benefiting the patient, at the expiration of which time constant irrigation day and night by means of water about the temperature of the body was substituted. A constant flow of water into the bladder was kept up for three days, when the catheter was withdrawn and the urine examined, which, on previous examinations, was alkaline, but now, for the first time, was acid. Irrigation at intervals, varying from two to three days, was kept up for about one month, at the end of which time the case was discharged cured. Case two was not unlike the first, only in the duration of time; about one month of treatment, by constant irrigation, at intervals varying as about in case one, was sufficient to cure the patient.

The Arrest of Phthisis by Special Exercise.

In order to meet the request of various medical men, in different parts of the country, to describe the mechanism of my plan of treatment, I would say that the mechanical treatment for clearing the lungs and the re-establishment of vesicular respiration consists of three different exercises, which follow each other as the strength of the patient permits. 1. The patient is placed in an erect position, with both arms extended, horizontally, on the level with the shoulders. In this position he advances toward a corner of a room, when the hands are placed flat upon the wall, the body is moved slowly forward into the angle, the hands gliding upon the wall. The arms must not be bent, and the spine must be held erect. The actual contact of the patient's face with the corner is hardly ever accomplished on the first attempt; however, he is urged to get as close as possible. He is then told to bend his elbow-joints, and to pull himself slowly back again by the power of the pectoral muscles; the hands to remain on the spot where they were. This exercise stretches the chest very much across the clavicles. Patients are told to do this from six to twelve times per day. Muscular pain across the chest is the next consequence. In about a month the patient should have gained sufficient strength to begin the exercise No. 2. This consists in the same movement, with the body in a horizontal position. The patient lets the body slowly sink toward the floor, as far as his strength permits. The hands rest upon two chairs placed at a distance of four to five feet, and secured. The whole weight of the body rests upon his two hands and his toes. He having approached the floor as near as he can, is then told to pull himself up again as slowly as he sank. This

is a very difficult exercise, and makes the muscles tremble; involuntary deep inspirations follow it immediately. In about three to five months the third and last exercise is commenced. The patient is placed in the middle of a room in an erect position. One arm is lifted at the time, as in exercise No. 1. This horizontally stretched-out arm is reversed in a circle around its axis as if nobody was in the way. Of course, when the arm comes in front of the chest, the spine has to be bent backward so as to make room for the arm to revolve. This exercise is very difficult, and affects every muscle in the body. In all these exercises the knees must never be bent, the epigastric region not allowed to incline forward, and the respiration not interrupted at any moment. The last exercise gives the finishing touch to the lungs, and a patient advanced to do it is considered an absolutely curable case. The first is generally dropped as soon as No. 2 is learned. These exercises should raise the pulse momentarily about ten beats and no more; it must return to its previous height after a few minutes of rest. Although a healthy man can not do these exercises well on the first attempt, consumptives learn to do them with the greatest ease and comfort. The purpose is to clear the bronchi and alveoli of phlegm, so as to induce the meshes of the elastic tissue to open and shut again; in other words, recreate respiration in the diseased portions.—*C. Both, M. D., in New York Medical Record.*

A New Method of Treating Nasal Catarrh.—

Dr. Arthur Hartmann, of Berlin, reports a new method of treating acute and chronic nasal catarrh, which he has found of great service. This treatment is of importance to the aurist, because middle-ear troubles are not infrequently caused by nasal catarrh. The author discovered that inflation with air, during the act of swallowing, not only mitigated the ear troubles, the deafness and roaring sounds, but also relieved the frontal distension and fullness of the head. The air is simply forced into the nose with a rubber balloon, after Politzer's method for the ear. In order to ascertain the effect of compressed air, in expressing fluids from the nose, the author made a number of experiments on dead bodies. He filled the cavities about the nose with fluids, and observed that when air was forced in the fluids were forced out. The author hereupon reports a number of cases in which the unpleasant symptoms of nasal catarrh were completely relieved in this way. To remove the crusts of ozena, he uses a brush fastened at right angles to the end of a thin flexible wire, an apparatus such as is used for cleansing tobacco pipes. The tenacious secretion is entangled upon the brush and removed. The nose is then washed out with water, and air is forced in after the manner described.—*Deutsch. Med. Wochenschr., Cincinnati Lancet.*

LOUISVILLE COLLEGE OF PHARMACY.

SEVENTH SESSION OF THE SCHOOL OF PHARMACY 1877-8.

FACULTY.

L. D. KASTENBINE, M. D., *Prof. of Chemistry.* C. LEWIS DIEHL, *Prof. of Theory and Practice of Pharmacy.*
EMILE SCHEFFER, *Prof. of Materia Medica and Botany.*

The Lectures in this Institution will commence on the first Monday in October, 1877, and terminate about the first of March, 1878.

LABORATORY PRACTICE. A Practical School will be kept open during the lecture season on three days—Monday, Wednesday, and Friday in each week, from 2 to 5 o'clock, P. M.

STUDENTS OF MEDICINE who may desire to avail themselves of the opportunities offered by the Practical School may, at their option, select a course more directly applicable to their studies.

For prospectus or further information, address

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The next Session will begin October 3, 1877, with Preliminary Course from September 13th. The College is well supplied with means for demonstrative teaching, having large museums, a students' laboratory, microscopes, etc.

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JOHN A. MURPHY, M. D., Dean, 163 West Seventh St., or
WM. H. TAYLOR, M. D., Secretary, 329 West Seventh St.

STARLING MEDICAL COLLEGE, -- COLUMBUS, O.

THE THIRTY-FIRST ANNUAL SESSION of Starling Medical College will begin Thursday, October 4, 1877, and continue until March 1, 1878. The Preliminary Course will begin September 4th and continue four weeks. The College Building is not surpassed in beauty and convenience, and is well furnished with the requisites for thorough instruction, including Laboratory, Anatomical Room, Museum, Library, Reading Room, Microscopy, Instruments, Charts, etc. Saint Francis Hospital of Starling Medical College, under the same roof, is connected with the lecture rooms and amphitheater, and furnishes abundant material for clinical instruction. Three Clinics will be given weekly during the term, including the Preliminary Course. Anatomical material abundant. FEES.—Matriculation, \$5.00; General Ticket, \$40.00; Demonstrator's Ticket, \$5.00; Graduation Fee, \$25.00.

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UNIVERSITY OF MICHIGAN.

DEPARTMENT OF MEDICINE AND SURGERY.

The Twenty-eighth Annual Course of Lectures will commence on October 1, 1877, and continue NINE MONTHS. Course separate but equal for women. MATRICULATION FEE, paid but once.—Residents of Michigan, \$10; non-residents, \$25. ANNUAL DUES.—Residents of Michigan, \$15; non-residents, \$20. GRADUATION FEE.—For all alike, \$5. Send for circular and catalogue.

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HON. HORATIO W. BRUCE, Professor of the History and Science of Law, of the Law of Real Property, and of the Law of Contracts, and of Criminal Law.

Professor of Medical Juris-

prudence.

The Thirty-second Session will begin on the first Monday in October, 1877, and continue five months.

The fees of the Professors for the Session are sixty dollars; Matriculation Fee five dollars, and Graduation Fee ten dollars.

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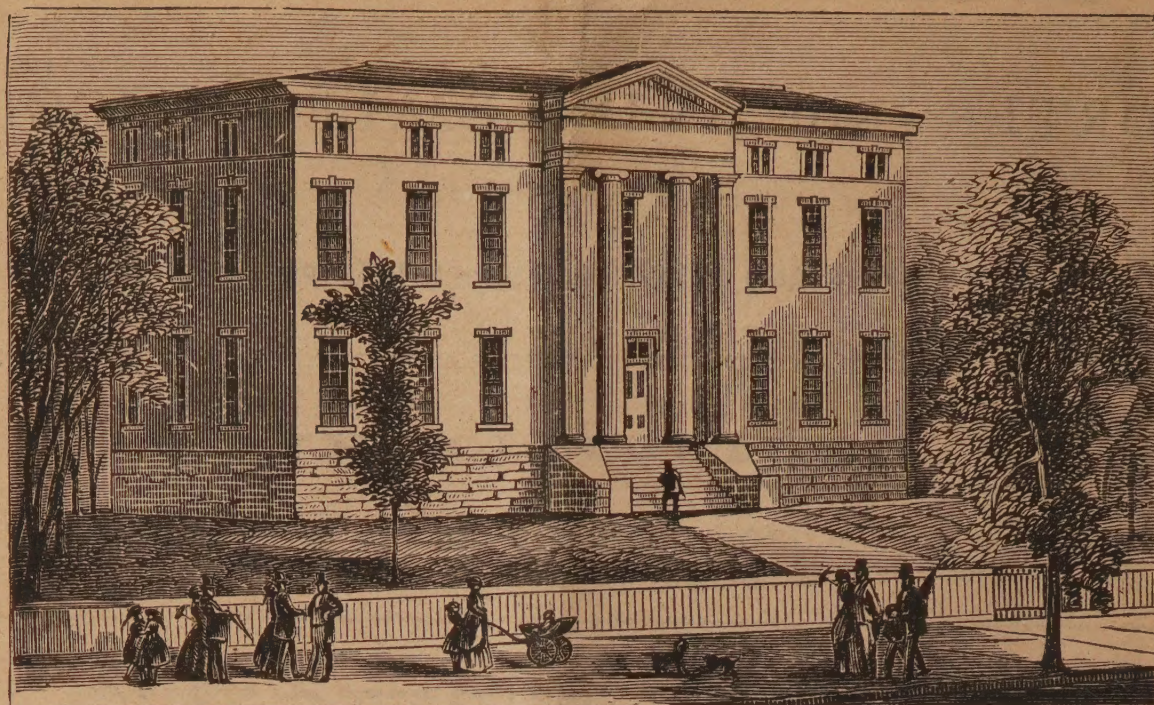
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L. P. YANDELL, JR., M. D.	Professor of Therapeutics and Clinical Medicine.
E. R. PALMER, M. D.	Professor of Physiology and Physical Diagnosis.
T. S. BELL, M. D.	Professor of Science and Practice of Medicine and Public Hygiene.
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DAVID W. YANDELL, M. D.	Professor of the Science and Art of Surgery and Clinical Surgery.
R. O. COWLING, M. D.	Professor of Surgical Pathology and Operative Surgery.
W. O. ROBERTS, M. D.	Demonstrator of Anatomy.

FEEs.—Professors' Tickets, in full, \$50.00; Matriculation Fee, \$5.00; Demonstrator's Ticket, \$10.00; Graduation, \$30.00; Hospital Ticket (required by City), \$5.00.

The Regular Session will commence on the first Monday in October, and continue until the 1st of March.

A Preliminary Course of Lectures, free to all Students, will commence on the first Monday in September, and continue till the opening of the Regular Term.

J. M. BODINE, M. D., Dean of the Faculty.

For the Annual Circular, containing full particulars, address

J. W. HOLLAND, M. D., Sec'y of Faculty,
Corner Fifth and Walnut Streets.

SPRING AND SUMMER SESSION OF 1877.

The Spring and Summer Session of 1877 in the Medical Department of the University of Louisville will commence on March 6th and continue till July 1st. The following Courses will be given by the *REGULAR FACULTY*, assisted by Drs. W. O. ROBERTS, H. A. COTTELL, WM. C. CHEATHAM, W. B. DOHERTY, W. H. LONG, R. B. GILBERT, and C. J. RADEMAKER.

On Venereal Diseases and Diseases of the Skin; Ophthalmic and Aural Diseases; Clinical Diseases of the Chest, and Physiology; Public Hygiene; Clinical Diseases of Women; Clinical Surgery; Materia Medica; Surgery; Practice of Medicine; Anatomy; Chemistry; Obstetrics; and Diseases of Children.

Didactic Lectures will be given on the Specialties of Medicine and Surgery, but the essential feature of this course will be **CLINICAL INSTRUCTION** and **RECITATIONS** from the text-books, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of SS. Mary and Elizabeth. From these sources an inexhaustible supply of clinical material is obtained.

Advanced students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

The Fee for the Full Course is \$25.00, and entitles the holder to his Matriculation Ticket for the ensuing Regular Winter Session. For further information address

W. O. ROBERTS, M. D., Dean of University Summer School,
263 West Walnut Street, LOUISVILLE.